

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:33

# Crosswalk Report

Status : FNSubstance Abuse and Mental Health Services Administration

Media ID : DADAOffice of Applied Studie

Start Date : 18-MAY-92

End Date :

Follow-up :

Louisiana's Treatment Episode Data Set

Version : 1

K = Key Field		System	<u>Louisiana</u>	
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
1	System Transaction Type	-	System Transaction Type Added to Each Record	
K 2	State Code	LA	FIPS Code Added to Each Record	
3	Reporting Date	-	Month and Year of Submission Added to Each Record	

# Crosswalk Report

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Louisiana's Treatment Episode Data Set  
Version : 1

K = Key Field Item		Minimum	<u>Louisiana</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data

<b>K 1</b>	<b>Provider Identifier</b>	<b>01</b>	<b>Clinic Number</b>
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<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>15</b>	<b>Case Number</b>
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<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>13</b>	<b>Reason For Contact</b>
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2	No	-	-
1	Yes	3	Non-Crisis, Counsel-Co-Dependent/Collateral/ACOA
1	Yes	5	Crisis Intervention Co-Dependent/Collateral/ACOA

No longer effective as of: 09-30-2002

<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>13</b>	<b>Reason For Contact</b>
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2	No	1	Evaluation Only
2	No	2	Non-Crisis, Counsel-Self
1	Yes	3	Non-Crisis, Counsel-Co-Dependent/Collateral/ACOA
2	No	4	Crisis Intervention-Self
1	Yes	5	Crisis Intervention Co-Dependent/Collateral/ACOA

<b>K 4</b>	<b>Client Transaction Type</b>	<b>17,55</b>	<b>Type Admission, Type of Status Change</b>
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A	Initial Admission	(17)1	First Admission
A	Initial Admission	(17)2	Re-Admission
T	Transfer/Change in Service	(55)1	Placed in Affiliate Program Within Facility
T	Transfer/Change in Service	(55)2	Placed in Affiliate Program Outside Facility
T	Transfer/Change in Service	(55)3	Transfer to Affiliate Program Outside Facility

<b>K 5</b>	<b>Date of Admission</b>	<b>16</b>	<b>Date of Admission</b>
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No. Treatment Episode Data Set

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State System Data

6	Number of Prior Treatment Episodes	21	No. of Prior Tx. Episodes
0	0	0	0
1	1	01	01
2	2	02	02
3	3	03	03
4	4	04	04
5	Or More	05	05 or More

7	Principal Source of Referral	12	Source of Referral
01	Individual (includes self-referral))	01	Self, Family or Friend
03	Other Health Care Provider	02	Coroner, Physician or Other Health Facility
03	Other Health Care Provider	03	Public or Private Mental Health Facility
07	Court/Criminal Justice/DUI/DWI	04	Court/Crim. Justice, City/Prsh
07	Court/Criminal Justice/DUI/DWI	05	Court/Crim. Justice, State
07	Court/Criminal Justice/DUI/DWI	06	Child/Adult Protection Program
02	Alcohol/Drug Abuse Provider	07	Other Chemical Dependency Program - Public
02	Alcohol/Drug Abuse Provider	08	Other Chemical Dependency - Private
05	Employer/EAP	09	Employee Assistance Program
07	Court/Criminal Justice/DUI/DWI	10	Bureau of Prisons
04	School (Educational)	11	Educational Program
06	Other Community Referral	12	Other

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Item	Item	Value	State System Data
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<b>7</b>	<b>Principal Source of Referral</b>	<b>12</b>	<b>Source of Referral</b>
01	Individual (includes self-referral))	01	Self, Family or Friend
03	Other Health Care Provider	02	Coroner, Physician or Other Health Facility
03	Other Health Care Provider	03	Public or Private Mental Health Facility
07	Court/Criminal Justice/DUI/DWI	04	Court/Crim. Justice, City/Prsh
07	Court/Criminal Justice/DUI/DWI	05	Court/Crim. Justice, State
07	Court/Criminal Justice/DUI/DWI	06	Child/Adult Protection Program
02	Alcohol/Drug Abuse Provider	07	Other Chemical Dependency Program - Public
02	Alcohol/Drug Abuse Provider	08	Other Chemical Dependency - Private
05	Employer/EAP	09	Employee Assistance Program
07	Court/Criminal Justice/DUI/DWI	10	Bureau of Prisons
04	School (Educational)	11	Educational Program
07	Court/Criminal Justice/DUI/DWI	12	Drug Court
06	Other Community Referral	13	FITAP
06	Other Community Referral	14	DWI (3rd Conviction)
06	Other Community Referral	15	DWI (4th+ Conviction)
06	Other Community Referral	16	TANF
06	Other Community Referral	17	TANF-EE
06	Other Community Referral	99	Other
<b>8</b>	<b>Date of Birth</b>	<b>08</b>	<b>Birthdate</b>
<b>9</b>	<b>Sex</b>	<b>-</b>	<b>Sex</b>
1	Male	1	Male
2	Female	2	Female

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No.	Treatment Episode Data Set	Item	Value	State System Data
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10	Race	10	Race
05	White	1	White
04	Black or African American	2	Black
03	Asian or Pacific Islander	3	Asian/Pacific Islander
02	American Indian ( Other than Alaskan Native)	4	American Indian
01	Alaska Native (Aleut, Eskimo, Indian)	5	Alaskan Native
20	Other	6	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		
No longer effective as of: 09-30-2002			

10	Race	10	Race
02	American Indian ( Other than Alaskan Native)	1	American Indian/Alaskan Native
13	Asian	2	Asian
04	Black or African American	3	Black or Africian American
23	Native Hawaiians or Other Pacific Islanders	4	Native Hawaiian/Other Pacific Islander
05	White	5	White

11	Ethnicity	11	Ethnicity
05	Not of Hispanic Origin	1	Non Hispanic
01	Puerto Rican	2	Puerto Rican
02	Mexican	3	Mexican
03	Cuban	4	Cuban
04	Other Specific Hispanic	5	Other Hispanic
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No.	Treatment Episode Data Set	Item	Value	State System Data
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## 11 Ethnicity

## 11 Ethnicity

06	Hispanic - Specific Origin not Specified	1	Hispanic or Latino
05	Not of Hispanic Origin	2	Not Hispanic or Latino

## 12 Education

## 22 Educational Attainment

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## 12 Education

## 22 Educational Attainment

00	Less Than One Grade Completed	00	Less Than One Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-25	Years of School (Highest Grade) Completed
97	Unknown	97	Unknown

## 13 Employment Status

## 26 Employment Status

01	Full Time	01	Employed Full Time
02	Part Time	02	Employed Part Time
02	Part Time	03	Occasional/Seasonal Work
03	Unemployed	04	Unemployed
04	Not in Labor Force	05	Homemaker
04	Not in Labor Force	06	Student
04	Not in Labor Force	07	Retired
04	Not in Labor Force	08	Institutional Inmate
04	Not in Labor Force	09	Disabled
04	Not in Labor Force	10	Other

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State System Data

14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)	39	Drug Types, Primary, Secondary, Tertiary
01	None	00	None
05	Heroin	01	Heroin
06	Non-Prescription Methadone	02	Non-Prescription Methadone
07	Other Opiates and Synthetics	03	Other Opiates and Synthetics
02	Alcohol	04	Alcohol
15	Barbiturates	05	Barbiturates
16	Other Sedatives or Hypnotics	06	Other Sedatives or Hypnotics
11	Other Amphetamines	07	Other Amphetamines
03	Cocaine, Crack	08	Cocaine, Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	09	Marijuana, Hashish, THC
09	Other Hallucinogens	10	Other Hallucinogens
17	Inhalants	11	Inhalants
18	Over-the-Counter	12	Over the Counter
14	Other Tranquilizers	13	Other Tranquilizers
10	Methamphetamine	14	Methamphetamine
08	PCP	15	PCP
12	Other Stimulants	16	Other Stimulants
13	Benzodiazepine	17	Benzodiazepines
20	Other	18	Other

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No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>39</b>	<b>Drug Types, Primary, Secondary, Tertiary</b>	
01	None	00	None	
05	Heroin	01	Heroin	
06	Non-Prescription Methadone	02	Non-Prescription Methadone	
07	Other Opiates and Synthetics	03	Other Opiates and Synthetics	
02	Alcohol	04	Alcohol	
15	Barbiturates	05	Barbiturates	
16	Other Sedatives or Hypnotics	06	Other Sedatives or Hypnotics	
11	Other Amphetamines	07	Amphetamines	
03	Cocaine, Crack	08	Cocaine	
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	09	Marijuana/Hashish	
09	Other Hallucinogens	10	Hallucinogens	
17	Inhalants	11	Inhalants	
18	Over-the-Counter	12	Over the Counter	
14	Other Tranquilizers	13	Tranquilizers	
20	Other	14	Tabacco	
08	PCP	15	PCP	
12	Other Stimulants	16	Other Stimulants	
13	Benzodiazepine	17	Benzodiazepines	
10	Methamphetamine	18	Methamphetamines	
20	Other	19	Gambling	
20	Other	98	Other	

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State System Data

<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	<b>46</b>	<b>Route of Administration</b>
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01	Oral	1	Oral
04	Injection (IV or intramuscular)	2	Injection
02	Smoking	3	Smoking
03	Inhalation	4	Inhalation
20	Other	5	Other
97	Unknown	6	None Reported

<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	<b>40</b>	<b>Frequency of Use</b>
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01	No past month use	0	No Past Month Use
02	1-3 times in past month	1	1-3 Times in Past Month
03	1-2 times per week	2	1-2 Times Per Week
04	3-6 times per week	3	3-6 Times Per Week
05	Daily	4	Daily
97	Unknown	5	Frequency Unknown

<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>47</b>	<b>Age of 1st Drug Use/Alcohol Intoxication</b>
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No longer effective as of: 09-30-2002

<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	<b>47</b>	<b>Age of 1st Drug Use/Alcohol Intoxication</b>
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00-95	Indicates The Age at First Use	01-95	Indicates Age at First Use
97	Unknown	97	Unknown

## Louisiana's Treatment Episode Data Set

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State System Data

<b>K 18</b>	<b>Type of Services</b>	<b>18</b>	<b>Service Type</b>
06	Intensive Outpatient	01	Intensive Outpatient
07	Non-Intensive Outpatient	02	Non Intensive Outpatient
08	Ambulatory Detoxification	03	Outpatient Detox
01	Hospital Inpatient ( Detox, 24 hour Service)	04	Hospital Inpt. Detox
02	Free-standing Residential ( Detox, 24 hour Service)	05	Free Standing Detox
05	Long-term, ( more than 30 days)	06	Long Term Res
04	Short-term, ( 30 days or fewer)	07	Short Term Res
03	Hospital (other than detox)	08	Hospital Res
05	Long-term, ( more than 30 days)	09	Halfway House
No longer effective as of: 09-30-2002			

<b>K 18</b>	<b>Type of Services</b>	<b>18</b>	<b>Service Type</b>
06	Intensive Outpatient	01	Intensive Outpatient
07	Non-Intensive Outpatient	02	Non Intensive Outpatient
04	Short-term, ( 30 days or fewer)	03	Inpatient
05	Long-term, ( more than 30 days)	04	Residential
01	Hospital Inpatient ( Detox, 24 hour Service)	05	Medical Detox
02	Free-standing Residential ( Detox, 24 hour Service)	06	Social Detox
05	Long-term, ( more than 30 days)	07	HalfWay House
05	Long-term, ( more than 30 days)	08	3/4 Way
05	Long-term, ( more than 30 days)	09	Therapeutic
05	Long-term, ( more than 30 days)	10	Recovery Homes

<b>19</b>	<b>Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual</b>	<b>48</b>	<b>Use of Methadone as Part of Treatment?</b>
1	Yes	1	Yes
2	No	2	No

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis No longer effective as of: 09-30-2002	42	Diagnosis - Primary	
4	DSM Diagnosis	42	Diagnosis - Primary,Secondary, & Tertiary	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	43	Indications of Significant Emotional Disorder	
1	Yes		1 Yes	
2	No		2 No	
6	Pregnant at Time of Admission	9A	Pregnant at Admission	
1	Yes		1 Yes	
2	No		2 No	
7	Veteran Status	7	Veteran	
1	Yes		1 Yes	
2	No		2 No	
8	Living Arrangements	25	Type of Residence	
03	Independent Living		1 Independent	
02	Dependent Living		2 Dependent	
01	Homeless		3 Homeless	

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Optional

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Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
<b>9</b>	<b>Source of Income/Support</b>	<b>27</b>	<b>Primary Sources of Income</b>
21	None	0	None
01	Wages/Salary	1	Wages/Salary
01	Wages/Salary	2	Non-Farm Self Employment
01	Wages/Salary	3	Farm-Self Employment
20	Other	4	Interest, Div, Royals or Net Rentals
03	Retirement/Pension	5	Social Security/Railroad Retirement
02	Public Assistance	6	SSI, AFDC, Other Public Assistance
20	Other	7	Other

<b>10</b>	<b>Health Insurance</b>	<b>-</b>	<b>Not Collected</b>
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<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	<b>36</b>	<b>Sources of Payment</b>
08	No Charge ( Free, Charity, Special Research or Teaching)	1	No Fee Payment
01	Self-Pay	2	Personal Resources
07	Other Health Insurance Companies	3	Private Health Insurance
03	Medicare	4	Medicare
04	Medicaid	5	Medicaid
05	Other Government Payments	6	VA
05	Other Government Payments	7	CHAMPUS
05	Other Government Payments	8	Other Public Sources
01	Self-Pay	9	DWI

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Optional

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Item

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**11 Expected/Actual Primary Source of Payment****36 Sources of Payment**

08	No Charge ( Free, Charity, Special Research or Teaching)	1	No Fee Payment
05	Other Government Payments	10	FITAP
05	Other Government Payments	11	TANF
05	Other Government Payments	12	UDS (Fiscal Only)
05	Other Government Payments	13	Drug Court
05	Other Government Payments	14	TANF-EE
01	Self-Pay	2	Personal Resources
07	Other Health Insurance Companies	3	Private Health Insurance
03	Medicare	4	Medicare
04	Medicaid	5	Medicaid
05	Other Government Payments	6	VA
05	Other Government Payments	7	CHAMPUS
05	Other Government Payments	8	Other Public Sources
01	Self-Pay	9	DWI

**12 Detailed Not in Labor Force****26 Employment Status**

01	Homemaker	05	Homemaker
02	Student	06	Student
04	Disabled	09	Disabled
06	Other	10	Other
03	Retired	7	Retired Worker
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)	8	Inmate of Institution

**13 Detailed Criminal Justice Referral  
Categories****- Not Collected**

Louisiana's Treatment Episode Data Set  
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K = Key Field

		Optional		<u>Louisiana</u>	
Item		Item		Value	
No.	Treatment Episode Data Set			State System Data	
<hr/>					
14	Marital Status	23	Marital Status		
	01 Never Married		1 Never Married		
	02 Now Married or Cohabiting		2 Married		
	02 Now Married or Cohabiting		3 Remarried		
	03 Separated (legally or otherwise absent)		4 Separated		
	04 Divorced		5 Divorced		
	05 Widowed		6 Widowed		
<hr/>					
15	Days Waiting to Enter Treatment	15A	Days on Waiting List		

# Crosswalk Report

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**Discharge**

Louisiana

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>104</b>	<b>Provider ID (At Discharge)</b>	~	<b>Discharge Not Collected Yet</b>	
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	~	<b>Discharge Not Collected Yet</b>	
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	~	<b>Discharge Not Collected Yet</b>	
<b>109</b>	<b>Service at Discharge</b>	~	<b>Discharge Not Collected Yet</b>	
01	Hospital Inpatient			
02	Free-Standing Residential			
03	Hospital (Other than Detox)			
04	Short-Term, <=30 days			
05	Long-Term, >30 days			
06	Intensive Outpatient			
07	Outpatient			
08	Detoxification			
97	Unknown			
<b>146</b>	<b>Date of Last Contact</b>	~	<b>Discharge Not Collected Yet</b>	
<b>147</b>	<b>Date of Discharge</b>	~	<b>Discharge Not Collected Yet</b>	



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**Discharge**

Louisiana

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No. Treatment Episode Data Set

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State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	~	Discharge Not Collected Yet
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report